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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 .		
Typed or Printed Name	Donna Macedo	TECH CENTER 1600/2900
Signature <i>D. Macedo</i>	Date	11/9/2000

<b>RESPONSE TO RESTRICTION REQUIREMENT</b>  Address to: Commissioner for Patents Washington, D.C. 20231	Attorney Docket	06510-121US1
	First Named Inventor	Huang
	Application Number	09/544,910
	Filing Date	April 7, 2000
	Group Art Unit	1633
	Examiner Name	D. Nikodem
	Title	Methods and Compositions for Use in the Treatment of Hyperlipidemia



Sir:

This is in response to the Restriction Requirement dated October 10, 2000. The Examiner therein required election of one of the following groups of claims:

- Group I: Claims 1-11 drawn to a method of reducing VLDL and/or triglyceride plasma levels in a host, and a method of treatment of a disease condition associated with elevated VLDL and/or triglyceride levels, by administration of an effective agent;
- Group II: Claims 12-33 drawn to transgenic animals and methods of using said animals to screen compounds; and
- Group III: claims 34 -35, drawn to therapeutic compounds and pharmaceutical compositions thereof.

Applicants hereby elect to prosecute the claims of Group I, claims 1-11, with traverse. Applicants expressly reserve the right under 35 USC §121 to file a divisional application directed to the non-elected subject matter during the pendency of this application.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 50-0815.

Respectfully submitted,  
 BOZICEVIC, FIELD & FRANCIS LLP

Date: Nov. 9, 2000

By: *Paula Borden*  
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 F:\document\06510\121US1\Restriction Requirement.doc

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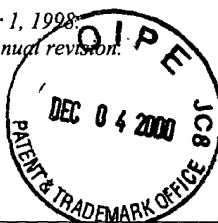
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Typed or Printed Name	Donna Macedo		
Signature	<i>Df Macedo</i>	Date	11/9/2000

**NON FEE TRANSMITTAL**

Note: Effective October 1, 1998, Patent fees are subject to annual revision.



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Enclosed are the following documents:

- Response to Restriction Requirement
- Return receipt postcard.

**CLAIMS**

No. of claims as filed or after amendment			Most claims previously paid		Extra claims		Fee from below		Fee Due
Total claims	35	-	35	=	0	x	.	=	\$0
Ind. claims	5	-	5	=	0	x		=	\$0
Multiple Dependent claims						x		=	

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim
109	80	209	40	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of and over original patent

**SUBMITTED BY**

Complete (if applicable)

Typed or Printed Name	Paula Borden, BOZICEVIC, FIELD & FRANCIS LLP	Reg. Number	42,344
Signature	<i>Paula Borden</i>	Date	Nov. 9, 2000
		Deposit Account	50-0815